

Role of LME – Theory

G.S. 122C-141(a) provides that "[t]he area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly."

G.S. 122C-115.2(b)(1) requires the local business plan include a description of how certain core administrative features will be carried out.

- Planning. – Identify service gaps and methods for filling the gaps, ensure the availability of an array of services based on consumer needs, provision of core services, equitable service delivery among member counties, and prescribing the efficient and effective use of all funds for targeted services.
- Provider network development. – Ensuring available, qualified providers to deliver services, development of new providers and monitoring provider performance and service outcomes.
- Service management. – Implementation of uniform portal process. Service management shall include appropriate level and intensity of services, management of State hospitals/facilities bed days, utilization management, case management, and quality management.
- Financial management and accountability. – Carrying out business functions in an efficient and effective manner, cost-sharing, and managing resources dedicated to the public system.
- Service monitoring and oversight. – Ensuring that services provided to consumers and families meet State outcome standards and ensure quality performance by providers in the network.
- Evaluation. – Self-evaluation based on statewide outcome standards and participation in independent evaluation studies.
- Collaboration. – Collaborating with other local service systems in ensuring access and coordination of services at the local level. Collaborating with other area authorities and county programs and the State in planning and ensuring the delivery of services.
- Access. – Ensuring access to core and targeted services.